

SCIP NAMPULA - Performance Monitoring of Target - FY6											
			YEAR 6: Quarters 1-4 Targets and Results								Comments of Results for FY6
Program Activities/ Outputs		Result Performance Indicators	FY5	Qtr 1: OND 2014	Qtr 2: JFM 2015	Qtr 3: AMJ 2015	Qtr 4: JAS 2015	Year 6 Actual Result			
				Actual	Actual	Actual	Actual	Planned	Actual	% of achievem	
IR 4.1 Increased coverage of high impact health and nutrition services											
Sub-IR 4.1.1 Increased utilization of quality facility-level services											
Improve and integrate access to high impact practices on family planning including access to HTSP through an adequate method mix, maternal and newborn health, other coRH components (HIV etc), child health including nutrition specific interventions in selected districts of Nampula	1.1	Couple Years Protection (FP) <sup>R</sup>	155,902	69,789	34,902	75,205	51,909	124,850	231,806	185.7%	We achieved 186% of our target for CYP, related to increased FP uptake during the MCH weeks of FY6Q1 & 3.
	1.2	# of facility visits in a health facility, by type	341,137	184,967	90,063	196,297	111,323	287,210	582,650	202.9%	We have significantly exceeded the target for the number of new FP consults. While this indicator is collected in an inconsistent way across providers, the overall trend continues to increase.
		New FP	174,394	137,819	44,451	145,139	59,551	140,000	386,960	276.4%	
		PNC	166,743	47,148	45,612	51,158	51,772	147,210	195,690	132.9%	
	1.3	% institutional births (MCH) <sup>R</sup>	77%	19%	21%	22%	23%	78%	85%	109.3%	We have exceeded our target, reaching 85% coverage of institutional deliveries during FY6.
	1.4	# of health staff who received training on counseling and negotiation for nutrition-specific behavior change	0	0	0	50	13	46	63	137.0%	More providers were trained per HF due to a higher number of HFs reached than originally planned.
	1.5	% of health facilities in target districts with health staff who received training on counseling and negotiation for nutrition-specific behavior change <sup>R</sup>	0%	0%	0%	87%	13%	100%	100%	100.0%	All 38 Nutrition HFs received training on counseling and negotiation for nutrition-specific behavior change during FY6Q3 & FY6Q4
1.6	% of health facilities in target districts - with staff that previously received training on counseling and negotiation for nutrition behavior change - who received nutrition-specific supportive supervision by SCIP staff <sup>R</sup>	0%	0%	0%	#DIV/0!	92%	80%	92%	115%	35 out of 38 HFs (92%) received nutrition-specific supportive supervision by integrated SCIP-DPS teams, 115% of the target.	
Expand access to malaria prevention and treatment	1.7	# of supportive supervision visits for malaria specifically focused on management, MIP, BCC and or/ malaria specific M&E (malaria) <sup>R</sup>	56	27	15	26	19	168	87	51.8%	There were 87 supportive supervision visits for malaria during FY6.
	1.8	# of M&E reports generated at district and provincial level (malaria) <sup>R</sup>	14	36	36	45	45	126	162	128.6%	The original target was set by taking 70% of the sum of multiplying 1 report per month by 12 months by 15 districts.
	1.9	# of quarterly planning meetings and partner meetings held at district and provincial level (malaria) <sup>R</sup>	1	-	8	20	17	4	45	1125.0%	Planned activities were underestimated, especially at the district level. Number of coordination and planning meetings had to be multiplied in order to improve reporting.
Improve the access to and the quality of the services delivered through SDSMAS, SDETC and serviços notariados in favour of the OVCs	1.10	# of OVC served (C.CCC.02.05) <sup>R</sup>	43,063	38,625	38,625	38,298	4,393	30,000	38,625	128.8%	We have exceeded our target for this indicator, but the reported numbers of OVCs served decreased during FY6Q4 with the progressive phase out.
Sub-IR 4.1.2 Increased utilization of quality community health services											
	2.1	# of communities with access to sanitation (certified with CLTS) (WASH) <sup>R</sup> - Cumulative over the project term	163	169	180	183	204	238	204	85.7%	

Activities/ Outputs		Result Performance Indicators	FY5	FY6							Comments on Results for FY6
				Actual	Actual	Actual	Actual	Planned	Actual	% of achievement	
Integrate different health components at community level through community activists, APEs, VCT-C, including HIV tests at community level, CBD for contraceptives including Depo and Implants(if authorized by the MOH), <u>PNC 48 hours</u> , water and sanitation, and healthier practices related to nutrition.	2.2	People with access to clean water ( # ) (WASH) <sup>R</sup>	221,261	228,982	240,555	249,541	264,249	27,000	42,988	159.2%	We have exceeded the target, due to a higher number of rehabilitated boreholes in Moma and Monapo during FY6.
	2.3	# of contraceptive pills distributed through community based distribution (CBD)	86,732	21,513	29,663	26,756	25,319	78,000	103,251	132.4%	During FY6, 103,251 pill packs were distributed through CBD.
	2.4	# of contacts by CHWs with individuals for health (HIV/AIDS, Malaria, FP/RH)	1,131,065	3,418	185,039	235,642	34,386	900,000	458,485	50.9%	We did not achieve the target as the phase out in the intensive districts took place sooner than planned due to the reduction and late disbursement of funds. This affected our capacity to collect data from CHWs as the animadoras and supervisors were no longer supported by SCIP. In Q1, house visits addressed diarrhea, child health (including prevention of malnutrition), topics other than HIV/AIDS, Malaria, and FP/RH), and are not included in this indicator.
	2.5	% of community health workers or volunteers in target districts who received training on counseling and negotiation for nutrition-specific behavior change <sup>R</sup>	1,350	86%	95%	0%	#DIV/0!	100%	95%	95.2%	1,931 out of a planned 2,028 animadoras have been trained on counseling and negotiation for nutrition-specific behavior change. Animadora training concluded in FY6Q2.
	2.6	% of community health workers or volunteers - who previously received training on counseling and negotiation for nutrition-specific behavior change - who received nutrition-specific supportive supervision visit by SCIP staff	90%	89%	89%	92%	97%	90%	97%	107.5%	We have exceeded our target. 1,904 out of 1,968 previously trained animadoras reported data during FY6Q4.
Improve community services in specific services such as retention for ARV, malaria, GBV etc	3.2	# of defaulters searched for (Active Finding Pilot Indicator) <sup>R</sup>	60,066	971	1,070	840	496	3,300	3,377	102.3%	3,377 defaulters were searched for during FY6, 102% of the annual target.
	3.3	# of defaulters found (Active Finding Pilot Indicator) <sup>R</sup>	2,327	505	431	581	272	2,200	1,789	81.3%	1,789 defaulters were found, 81% of the target of 2,200. It was more difficult than expected to find the individuals on the active search lists provided by the HFs.
	3.4	% of defaulters returning to treatment (Active Finding Pilot Indicator) <sup>R</sup>	64%	60%	66%	55%	75%	65%	62%	95.5%	1,110 out of 1,789 defaulters returned to treatment. 38% of those found refused to return to treatment. Further reflection should analyze the barriers defaulters have to return to treatment.
	3.5	# of clients receiving Home-based care services (C.CCC.03.03) <sup>R</sup>	8,216	6,968	7,522	7,406	5,256	6,200	7,522	121.3%	7,522 individuals received HBC services during FY6. This number reduced to 5,256 in FY6Q4, following the exit of animadoras in intensive districts.

Activities/ Outputs		Result Performance Indicators	FY15	Actual	Actual	Actual	Actual	Planned	Actual	% of achievem	Comments on Results for FY16
Sub-IR 4.1.3 Improved active and completed referrals between community and facility services											
Improve capacity of the health system to respond to the systemic improvement of provision of care including information systems; supplies; governance through a referral network	3.6	# of people trained with USG funds in: FP/RH, Child health including Nutrition, Maternal/newborn health, M&E, surveillance and/or HMIS, hygiene and water, malaria, community involvement for health and sanitation issues	113,583	19,127	30,227	13,899	2,953	92,000	66,206	72.0%	65,807 people were trained with USG funds during FY6. We did not achieve our annual target due to uncertainty and reduction of funds.
	3.7	# of community health and para-social workers who successfully completed a pre-service training program (SS. HRH.02.06) <sup>R</sup>	24,285	81	0	37	143	150	261	174.0%	37 animadoras from Nampula City were trained to lead small groups of adolescent girls between 10-14 years on HIV prevention including FP. We reached 79% of our target. We did not achieve our annual target due to uncertainty and reduction of funds.
	3.8	# of people referred to health facility for Family Planning (FP) <sup>R</sup>		5,154	3,616	727	1,737	70,000	11,234	16.0%	Referrals of 11,234 individuals who were referred to the HF for FP were reported in FY6. There is a lot of under-reporting. Indeed, CYP (1.1) and the number of first FP consults (1.2) have surpassed the target.
	3.9	#/% of completed health referrals for FP services (FP) <sup>R</sup>		0%	0%	21%	5%	42,000	5%	0.0%	Follow up of this activity (M&E, information flow, follow up) never fully matured but the number of non-registered referrals is increasing, evidenced by the results of 1.1 and 1.2.
IR 4.2 Increased adoption of positive health and nutrition behaviors											
Sub-IR 4.2.1 Improved ability of individuals to adopt healthy behaviors											
Promote behavior change towards sexual and reproductive health, nutrition, use of clean water and sanitation, and hygiene related behaviors and practices at targeted districts, especially amongst young people	4.1	# of individuals who received Counseling and Testing (C&T) services for HIV and received their test results - by CT Type: ATS-C (P.CT. ATSC.01.03) <sup>R</sup>	40,841	6,392	9,455	8,434	6,096	26,600	30,377	114.2%	We have exceeded our target, and have succeeded to focus on OVPs, who represent 52% of the total 30,377 tested, key populations (3.6%), and children of OVPs (20%).
	4.2	P.SBRP.08.01 # of priority population reached with preventive interventions (single and multiple session) <sup>R</sup>	11,979	3,357	4,910	4,576	4,907	29,720	17,750	59.7%	Planned activities were cancelled as PEPFAR funds were re-oriented for more treatment and less prevention.
	4.3	# key population individual reached with preventive interventions (P.SBRP.03.03) <sup>R</sup>		N/A	N/A	N/A	N/A		N/A	#VALUE!	No longer applicable due to changes in indicator definition per APR14 recommendation.
	4.4	# mass media spots & events produced (P.SBRP.04.05) <sup>R</sup>	8,182	31,657	1,087	950	638	33,500	34,332	102.5%	3,253 radio spots were broadcast and 379 community theatre pieces were performed during FY6. 20,700 “Modern Methods of FP” and 10,000 “7 reasons to use a condom” were distributed during FY6Q1.
	4.5	# targeted condom service outlets (P.SBRP.05.01) <sup>R</sup>	14	2,186	2,403	2,339	2,336	1,692	2,403	142.0%	We have trained animadoras from Nutrition districts to provide CBD of contraceptive pills and condoms, which was not originally included in this target.
Deliver health services at community level especially through CHWs (APEs) integrating all components of primary health care that can be delivered	4.6	# of children measured using MUAC tool at the community level (N1) <sup>R</sup>	89,931	107,163	147,229	150,825	153,502	140,000	153,502	109.6%	We have exceeded our target, likely due to underestimations of population size.
	4.7	% of children measured with acute malnutrition via MUAC (N1a) <sup>R</sup>	0.6%	0.6%	0.4%	0%	0.1%	2%	0.1%		We have exceeded our target, based on the strong community interventions for nutrition. 219 children out of 153,502 children screened in FY6Q4 were severely acutely malnourished (via MUAC).
	4.8	%of children measured acute malnutrition (via MUAC) who were referred for clinical care (N2) <sup>R</sup>	97.4%	91%	68%	106%	84%	100%	86%		1,806 out of 2,097 (86%) children were referred for clinical care during FY6.

Activities/ Outputs		Result Performance Indicators	FY15	Actual	Actual	Actual	Actual	Planned	Actual	% of achievem	Comments or Results for FY16
that can be delivered at community as well as enhance health promotion, including community-based nutritional screening, growth monitoring support, and referrals	4.9	% of children measured with acute malnutrition (via presence of bilateral pitting edema) who were referred for clinical care (N2a) <sup>R</sup>		75.44%	79.31%	118.87%	58.57%	100%	81%		216 out of 267 children (81%) identified with bilateral edemas were referred for clinical care.
	4.10	% of children measured found with acute malnutrition (via MUAC) with completed referrals to clinical care (N2b) <sup>R</sup>		88%	83%	85%	84%	80%	85%		During FY6, 1,537 out of 1,806 (85%) children with acute malnutrition (via MUAC) who were referred to treatment completed their referral.
	4.11	% of children measured found with acute malnutrition (via presence of bilateral pitting edema) with completed referrals to clinical care (N2c) <sup>R</sup>		93%	91%	97%	90%	80%	93%		In FY6, 99 out of 107 children (93%) with bilateral edemas who were referred for treatment were confirmed as completed.
<b>Sub-IR 4.2.2 Improved community environment to support healthy behaviors</b>											
Address main determinants of health inequities, including gender issues/GBV, factors that increase LTFU	5.1	# of beneficiaries <u>indirectly</u> benefiting from other family members participating directly in savings groups (ASCA/VSLA) supported ny the project (OVC) <sup>R</sup>	2,330	2,954	3,529	4,093	4,393	4,830	4,393	91.0%	We achieved 91% of our target.
	5.2	# of <u>direct</u> participants in savings groups (ASCA/VSLA) supported ny the project (OVC) <sup>R</sup>	3,156	1,317	2,001	2,269	2,418	2,415	2,418	100.1%	We have met our target.

Activities/ Outputs		Result Performance Indicators	FY15	Actual	Actual	Actual	Actual	Planned	Actual	% of achievem	Comments or Results for FY16
IR 4.3 Strengthened systems to deliver health, nutrition, and social services											
Sub-IR 4.3.2 Improved logistics management of commodities to ensure availability at local levels											
Support health systems strengthening for management and logistics focusing on peripheral health units	6.1	% of USG-assisted SDP experiencing stock-outs of specific tracer drugs - 1 <sup>st</sup> line antimalarial drugs	15%	10%	19%	14%	10%	10%	10%	103.9%	Access remains limited, especially to the more peripheral HFs, especially during April and May.
	6.2	% of USG-assisted SDP experiencing stock-outs of specific tracer drugs - Oral Contraceptives	3%	2%	8%	9%	3%	5%	3%	51.9%	We have met our target.
Sub IR 4.3.3 Strengthened civil society engagement in the health sector											
Consolidate community participation at health system levels: planning, budgeting, access to supply, and governance to	7.1	# of community groups developed and supported (CLC, water committees)	1,289	1,291	1,285	1,332	1,406	1,270	1,406	110.7%	We have met our target for FY6. These community groups were confirmed through the mapping exercise.
	7.2	% of health facilities meeting with CLC representatives at least quarterly to evaluate health issues	72%	58%	50%	56%	68%	84%	68%	81.4%	95 out of 139 HF CMCs (68%) met during FY6Q4. While this number has improved over the course of the year, we did not meet our target.
Sub IR 4.3.4 Improved generation, dissemination, and use of health data for more effective decision making											
Improve data collection at community and health facility level, processing analysis and decision making process which also includes regular monitoring of strategies and	8.1	% health facilities reporting routine malaria data on time <sup>R</sup> (N: # of districts reporting malaria data on time; D: # of total districts in province) (malaria)	plus 20% from baseline	99%	89%	93%	84%	plus 50% from baseline	84%	#VALUE!	144 out of 172 HFs reported routine malaria data on time during FY6Q4.
	8.2	% APEs reporting routine malaria data on time <sup>R</sup> (N: # of districts reporting malaria data on time; D: # of total districts in province) (malaria)	plus 20% from baseline	25%	60%	90%	91%	plus 50% from baseline	91%	#VALUE!	430 out of 473 APEs reported routine malaria data on time during FY6Q4. This progress is encouraging.
	8.3	% of districts reporting routine malaria data on time <sup>R</sup> (N: # of districts reporting malaria data on time; D: # of total districts in province) (malaria)	plus 20% from baseline	77%	40%	100%	100%	plus 50% from baseline	100%	#VALUE!	15 out of 15 districts reported routine malaria data on time to DPS.

R = Required indicator

TBD = To be Determined

NA - Not Available